



Patrick AFB Newsletter for Military Retirees

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The information contained in this issue is just that - informational (FYI). The objective is only to PASS THE WORD in order to keep the military community informed. It is not an "Official" DoD sanctioned newsletter and as such should not be quoted as an authoritative source on DoD policy. It is the responsibility of readers to verify exactly how information applies to them if they intend to expend funds or time in following up on the data provided in the articles.

Retiree Appreciation Day 2015:

Our 29th, and first on the bi-annual schedule: Is set for **18 April 2015**. Retiree Appreciation Day is designed with you in mind. They are a great source of the latest information for retirees and family members in your area. RAD varies from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, sometimes get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Due to budget constraints, and/or military demands, some RADs activities may be cancelled or rescheduled. Also, scheduled appearances of Dining Facility (DFAC) representatives may not be possible. If you plan to travel long distances to attend a RAD, before traveling, you should call the sponsoring RSO to ensure the RAD will be held as scheduled and, if applicable, whether or not (DFAC) representatives will be available. For more information call the Retiree Activities office at (321) 494-5463. More information will be forthcoming, look for it in local papers and publication. Get up-to-date information from our scheduled speaker on what's going on with your benefits from someone who has testified before senate committees.

For other bases: An up-to-date Retiree Appreciation Day list is available online at:

<http://www.hostmtb.org/RADLIST-2014.html>

Orlando Area Retirees -- here's some more good news

The **Army at Fort Stewart** is holding its RAD, on **28 March 2015** at the University of Central Florida, CFE Arena, with a full agenda to take care of retirees. All ranks, all services. Between, the Army event on 28 March, at Orlando, and our Patrick RAD, 18 April, Central Florida should be well taken care of. For information on the Army RAD, call: (912) 767-5013, Ft Stewart Retirement Services; email; Melvin.l.dougherty.civ@mail.mil

Claims Filing Help:

The Department of Veterans Affairs is changing the way veterans file disability claims, in the hopes of speeding up the process. The new system, which introduces standardized electronic forms for veterans to fill out, is aimed at streamlining a process that had led to delays in handling claims and appeals. In the past, veterans could file claims and appeals on any piece of paper, which often caused delays because of missing information, according to a VA news release.

Social Security and Disability Update

Social Security's Disability Program Can Help Veterans: Did you know that many disabled veterans and wounded warriors may qualify for Social Security disability benefits, in addition to their Veterans Affairs benefits? To assist veterans and members of the public to better understand the Social Security disability process, the SSA has created a seven-part YouTube video at:

<http://www.youtube.com/playlist?list=PLGSYaZN04xzFCoEqDIY3n7xgWLh55vvDh>

Earlier this year, the SSA launched a disability education and awareness campaign to share information about the disability program and the people it helps.

The Faces and Facts of Disability and can be found at:

<http://www.socialsecurity.gov/disabilityfacts/>

Through the campaign, the SSA hopes to educate the public about the Social Security Disability Insurance program and dispel common misconceptions. For more information, go to:

www.socialsecurity.gov (Source: Arkansas Department of Veterans Affairs Newsletter)

Nationwide Telephone Scam Affecting TRICARE Beneficiaries

Military retirees and annuitants of military retirees: MyPay has gotten easier to use. Password requirements have been reduced from 15 to nine characters. Once you have established a password, it will remain current for up to 150 days. Update your account now so you have easy access in tax season. For more information about creating a myPay password, go to:

<http://www.dfas.mil/mypayinfo/password.html>

The link offers detailed instructions and video support.

Having problems creating your password? Go to:

<http://www.dfas.mil/dfas/mypayinfo/tipsandtricks.html>

Retired and annuitant pay TRICARE beneficiaries need to be aware of a telephone scam affecting beneficiaries over 65 and on Medicare nationwide. A caller will usually identify themselves as being an official Medicare vendor and will then offer to sell you back braces. The caller may have specific information and that makes the call seem official, typically your address, phone numbers and doctor's name. The caller hopes to convince you. The caller will tell

you that they are a legitimate vendor and will try to get you to give them your social security number and additional personal information. If you receive a call like this, we hope and trust you are aware to not give any of your personal identifiable information, such as birth date, social security number or banking information. TRICARE never asks beneficiaries for this information when calling for an official Department of Defense survey.

The Defense Health Agency (DHA) Program Integrity Office is closely monitoring this situation. If you receive a call of this nature, please do not provide your information and contact the DHA Program Integrity Office directly. For more information on fraud and abuse reporting visit, www.TRICARE.mil/fraudhttp://www.veterans.arkansas.gov/uploads/1/9/1/5/19152923/adva_vet_news

DoD on Par with Civilian Health Care:

During the week of Oct. 13, 2014, a recent 90-day review of the Military Healthcare System found it "comparable in access, quality and safety to average private-sector health care." That was disappointing to hear for a medical system that, for decades, has described itself as overall excellent and among the best in the country. The 700-page report also turns a spotlight on a new tool that patients, staff and outside health experts agree is improving access to care and perhaps quality too: a secure messaging system between patients and military physicians. To read the full articles on the Military Advantage go to:

<http://militaryadvantage.military.com/2014/10/health-review-verifies-a-pearl-secure-doc-patient-email/>

VA Claims Backlog Update 142 ► 60% Reduction since March 2013

More than 1.3 million of veterans received decisions on their Department of Veterans Affairs disability compensation and pension claims in fiscal year (FY) 2014 – the highest number in VA’s history; surpassing last year’s record-breaking production by more than 150,000 claims. This second year of record-breaking production comes as VA continues to transform the way it provides benefits and services, to deliver faster and higher quality decisions, to veterans, their families and survivors. At the end of the year, the disability claims backlog (defined as any disability claim pending longer than 125 days) was reduced by 60 percent from the peak backlog in March 2013 and is at its lowest number in nearly four years. Veterans waited, on average, 119 fewer days for a decision on their claim than Veterans did in FY 2013. VA is on target to hit its 2015 goal.

Improvements were not made at the expense of quality. The accuracy of VA’s decisions continues to rise from an 83-percent accuracy level in 2011 to a 90-percent accuracy level today. When focusing specifically at the medical issue level, accuracy is at 96 percent. “I am so proud of our employees – more than half of whom are Veterans themselves – who continue to work tirelessly to deliver the benefits our Veterans have earned through their service to our Nation,” said Under Secretary for Benefits Allison A. Hickey. “But we all also recognize there is still much more work to do to better serve Veterans.” VA’s move to a web-based electronic claims processing system has enabled a quicker, more accurate and integrated benefits delivery. VA once processed 5,000 tons of paper annually – today it processes 93 percent of Veterans’ disability claims electronically. One in seven Veterans who submit a claim to change the status of a family member now does so online and more than half of those are paid in one to two days.

VA's progress would not have been possible without the support of its strong partners. Veterans Service Organizations (VSO) and State and County Veterans Service Officers embraced the Fully Developed Claim (FDC) program, which enables VA to make faster claim decisions when Veterans submit their claims with all available evidence and certify they have no more evidence to submit. Now, 37 percent of the claims received from VSOs are FDCs. In FY 2014, more than 4.5 million Veterans and survivors received more than \$72.7 billion in VA compensation and pension benefits. For more information on VA's Transformation, benefits and programs visit: www.benefits.va.gov , www.ebenefits.va.gov and www.benefits.va.gov/fdc. [Source: VA News Release Oct. 09, 2014 ++].

VA Caregiver Program Update 26 - Program Expansion Unlikely:

For older generations of spouses, mothers and other family caregivers of severely disabled veterans, the startling feature of the Family Caregiver Program that Congress enacted in 2010 was its exclusivity. The unprecedented package of caregiver benefits includes training to help to ensure patient safety; cash stipends to partially compensate for caregiver time and effort; caregiver health coverage if they have none, and guaranteed periods of respite to protect against burn out. The comprehensive package, however, isn't available to most family members who are primary caregivers to severely ill and injured veterans. To control costs, Congress opened the program only to caregivers of veterans severely "injured," either physically or mentally, in the line of duty on or after Sept. 11, 2001. It is not open to families of severely disabled vets injured before 9/11. It also is not open to post-9/11 veterans who have severe service connected illnesses, rather than injuries. Advocates for these forgotten families had hoped a successful launch of a limited program would spur Congress to expand eligibility and end the obvious inequity it created. That hope is set back by a new Government Accountability Office report on the three-year-old Family Caregiver Program, which finds it under resourced and, for the most part, in disarray. For starters, officials woefully underestimated the number of veterans eligible for the program, for which Congress set aside \$1.5 billion to fund it through fiscal 2015. VA forecast 4000 approved caregivers by September this year. Instead, by last May, 15,600 had been approved out of an applicant pool of 30,400. Roughly 500 more are being approved monthly, GAO said, with no slowdown in sight. Eight of every 10 approved caregivers are spouses of veterans. Ninety-two percent of them care for veterans with mental health diagnoses, mostly post-traumatic stress disorder (63 percent) or traumatic brain injury (26 percent). Stipends, based on local hourly caregiver wages, are set at three levels.

Caregivers providing a maximum of 40 hours of care per week receive an average of \$2320 a month, or \$27,830 annually. About 6000 caregivers qualify for this level. An equal number provide a maximum of 25 hours' care per week and draw an average \$1470 a month. And 3,600 caregivers provide 10 hours of care weekly and receive on average \$600 a month or \$7200 a year. Because VA "significantly underestimated caregivers' demand for services," GAO reports, VA medical centers were unprepared to meet program demands, particularly the work load on primary care physicians and nurses who must form into teams and visit homes of applicants to assess health needs and determine appropriate levels of caregiver support. GAO also found that the computer system hastily adopted to track caregivers and workloads is inadequate and must be replaced if officials are to have data needed to monitor and resource the program effectively. As the program now operates, a mandate to complete application reviews within 45 days is routinely missed. Also, some physicians and nurses have rebelled against the extra work,

declining to visit homes to assess caregiver skills, veterans' eligibility and proper level of support. VA regional health officials told GAO, the report says, "that their facilities do not have sufficient medical staff to effectively manage the additional workload" from the program, "which they view as collateral duty." There are funds for medical centers to hire more Caregiver Support Coordinators who run the program locally by providing stipends and support services, and arranging CHAMPVA medical coverage for eligible caregivers. But GAO found some medical centers reluctant to hire enough CSCs for fear that funds available now to support caregivers will dry up in time, forcing medical centers to pinch spending on more critical priorities.

As a result, GAO reports, the ratio of coordinators to caregivers varies widely across the VA medical system. For example, there is one coordinator for six caregivers in Fayetteville, Ark., and also only one to support 251 caregivers at the Atlanta VA medical center in Decatur, Ga. The workload on some CSCs is so heavy those caregivers can't get their phone calls returned. One caregiver said she became desperate to learn how to manage a veteran with increasingly severe symptoms of traumatic brain injury. Her coordinator finally said her request was one of many and the program was too taxed to provide counseling. So the caregiver had to turn to an outside non-profit organization for help. "There are just not enough people to run the program," said Adrian Atizado, assistant legislative director for Disabled American Veterans, who has monitored the caregiver program since its start. "There are not enough support coordinators, not enough interdisciplinary providers and nurses to do the home visits. Also, keep in mind this program doesn't exist anywhere else. This is the first of its kind so it's going to have problems." All of the research and the studies that Congress relied to shape the program, Atizado added, had focused on caregiver needs for the elderly, not for a younger generation of veterans struggling to reengage with society. Atizado noted that most caregivers of severely disabled veterans, including most represented by DAV, aren't eligible for the comprehensive caregiver benefit, although they want to be and should be. "We have always asked that eligibility include illness so if you come down with multiple sclerosis or ALS, a prevalent disease for the veteran population that served in Southwest Asia for whatever reason," Atizado said, "that should be covered. Now, it is not allowed." Caregivers of older vets also should be covered, he said. Most caregivers of severely disabled Vietnam and Korean War veterans "are spending their estates to support their veterans at home. They haven't worked in 20 to 30 years. They have no Social Security or retirement. These are the veterans and caregivers we're fighting to get expansion for." Problems with the current program don't help, he agreed. VA concurred with GAO recommendations to fix the program so eligible caregivers get the services they need. How long it will take is not yet clear. [Source: Military.com Sept. 25, 2014 ++]

VAMC Orlando FL Update ► Legionnaires Disease at Lake Nona

Three elderly veterans contracted dangerous bacteria after moving in to a new Veterans Affairs facility in Lake Nona. The veterans were diagnosed with Legionnaires' disease in July, and Health Department officials believe the bacteria were likely lingering in the water. One of the victims died after contracting the disease, but it was not the cause of death, officials said. The Orlando Veterans Affairs Community Center opened in December, and it's the only part of the behind-schedule hospital project that's finished. "It's isolated to this facility. Good news of it is two patients did recover. Unfortunately one person did pass away, but that person had underlying health conditions," said Dain Weister, with the Orange County Health Department. A Veterans

Affairs spokesperson said the Health Department found traces of the bacteria that cause Legionnaires' disease in the water. The disease is a severe form of pneumonia. "It has to be breathed in through water vapor, the steam, those kinds of things. Typically, this is known to be a problem with hot tubs, showers, those sorts of things," said Weister. While changes are made to the water system, showers at the facility is off limits, and there's restricted access to the bathrooms and sinks. "For patients who feel uncomfortable being there, we would offer them a similar level of care at another facility until we get this worked out," said chief of staff at the facility, Dr. Kenneth Goldberg. A VA spokesperson said they're flushing the water lines on a daily basis and are monitoring the chlorine levels at the center

TRICARE Prime Update 31 ► Enrollment Fee Increase Exemptions

Some TRICARE beneficiaries and their dependents no longer have to worry about paying higher enrollment fees for their health care each year, according to a new policy announced on 30 SEP. The Pentagon has decided to freeze annual enrollment fees for two groups of Prime beneficiaries at the rate in effect at the time of their enrollment. The change affects survivors of active-duty deceased service members, and medically-retired uniformed services members and their dependents, both of whom are part of the retiree group under TRICARE rules. The new final rule, published in Tuesday's Federal Register, is an exception to current policy, which stipulates that TRICARE Prime enrollment fees are the same for all retirees and their dependents. The rule goes into effect on Oct. 30, 2014.

Beneficiaries in those two TRICARE categories who enrolled in Prime before Oct. 1, 2013, and those since that date, will have their annual enrollment fee frozen at the appropriate fiscal year rate. The enrollment fees for fiscal 2011 through fiscal 2014 are:

- ☐ Fiscal 2011: \$230 (Single); \$460 (Family)
- ☐ Fiscal 2012: \$260 (Single); \$520 (Family)
- ☐ Fiscal 2013: \$269.38 (Single); \$538.56 (Family)
- ☐ Fiscal 2014: \$273.84 (Single); \$547.68 (Family)

Future beneficiaries added to these categories will have their fee frozen at the rate in effect at the time they are classified in either category and enroll in TRICARE Prime or, if not enrolling, at the rate in effect at the time of enrollment. The fee stays frozen as long as one family member is enrolled in TRICARE Prime in one of the two categories, and there is not a break in coverage.

According to TRICARE's website, the fiscal 2015 TRICARE Prime enrollment fee will be \$277.92 (single) and \$555.84 (family). "The Prime beneficiaries in these categories have made significant sacrifices for our country and are entitled to special recognition and benefits for their sacrifices," said the notice in the Federal Register explaining the decision. Active-duty service members and their dependents do not pay for health care under TRICARE Prime.

The military's massive health insurance program offers millions of service members, retirees and their dependents quality care at a relatively low cost. That's what the government aimed for when it created the Civilian Health and Medical Program of the Uniformed Services in 1966, now known as TRICARE. But the price of that success has been high for Uncle Sam: The \$53 billion program now consumes 10 percent of the Pentagon's no war budget. TRICARE premiums for beneficiaries have not kept up with inflation and the overall increase in health care costs during the past two decades. Congress agreed to raise TRICARE Prime annual enrollment

fees for retirees in 2011 -- the first time the fees have gone up since 1995. Since the legislative change, the rate of increase has been indexed to the rate of inflation. Retired TRICARE Prime beneficiaries now pay between \$30 and \$88 more in annual fees than they paid before the increase, which took effect in fiscal 2012?

The Obama administration has proposed more aggressive changes to TRICARE, including tying annual fees to retired recipients' income and charging an enrollment fee for TRICARE for Life, the health care program Congress created in 2001 for military retirees age 65 and older. Congress so far has rejected both of those ideas. The Pentagon currently is reviewing military pay and benefits -- including health care programs -- through its Military Compensation and Retirement Modernization Commission. The panel is scheduled to issue a report in early 2015 with recommendations for reform. [Source: GovExec.com | Sept. 30, 2014 29, 2014 ++]

Florida Vet Cemetery Update: New Cape Canaveral National Cemetery

The new 318-acre cemetery in Mims, Fla., will serve the burial needs of more than 163,000 Veterans in the cemetery's service area for the next 100 years. It will be located at 5525 Highway 1, Mims, FL, 32754. The Department of Veterans Affairs (VA) purchased the land in July 2012 for \$2.1 million. The property is located along U.S. Route 1 in northern Brevard County, approximately two miles south from Interstate 95, Exit #231, approximately 12 miles north of Titusville, Fla. The initial phase of construction will provide for approximately 17,000 gravesites and accommodate both casket and cremains interments. In addition to gravesites, the cemetery will include other features such as a front entrance on U.S. Route 1, a public information center with an electronic gravesite locator and restrooms, an administration building, a maintenance building, a flag pole assembly area, a memorial wall and walkway, and committal shelters. Other cemetery infrastructure features will include roads, landscaping, utilities, and irrigation. VA is working with an architecture and engineering firm to design the cemetery.

The VA estimates construction will start in the fall of 2014, and the initial phase of the project is anticipated to take 2 to 2-1/2 years to complete. First burials are expected to begin 9 to 12 months after the start of construction and could begin as early as the summer of 2015. Prior to the start of burials, VA will hold a public dedication ceremony. VA plans to operate a local cemetery office while facilities are constructed on the cemetery grounds and will provide cemetery information and news updates as plans progress. VA selected Mr. Don Murphy as the cemetery director. He will transfer to the area in November 2014 in order to assist the community to prepare for the opening of the new national cemetery and to provide information about how to schedule a burial at Cape Canaveral National Cemetery. Until then, for more information about Cape Canaveral National Cemetery, call the NCA Communications Office at (202) 632-8035.

TRICARE Communications:

Breast cancer affects women of all ages and ethnicities. TRICARE covers clinical breast exams for women under forty years old during a covered periodic preventive health exam. After age forty, clinical breast exams are covered annually. Annual mammogram screening for women starts at 40. For women who have a 15 percent higher risk, TRICARE covers screening mammograms annually starting at age thirty. For women who don't fall into one of these

categories, the CDC's National Breast and Cervical Cancer Early Detection Program works with health departments and other groups to provide low-cost or free mammograms for women who qualify. Go to <http://www.cdc.gov/cancer/nbccedp/screenings.htm> to find out if you qualify. Refer to <http://www.tricare.mil/breastexams.f> or more information regarding TRICARE breast cancer coverage and treatment. [Source: TRICARE Communications]

PTSD Update - Stellate Ganglion Block Treatment

A nearly century-old anesthesia technique is showing promise as treatment for post-traumatic stress disorder, relieving symptoms in 70 percent of combat veterans who received it once or more, according to a new review. The therapy, stellate ganglion block, or SGB, quelled symptoms of PTSD, such as sleep disturbances, anxiety and depression, as measured by a checklist in nearly 100 service members suffering from combat-related stress within a week of treatment, according to the report published in October. SGB involves injecting an anesthetic into a bundle of nerves — the stellate ganglion — that sits near the base of the neck. In some cases, the shot, given under general anesthesia and guided to the exact spot by a physician using an ultrasound, gave instantaneous relief to patients with chronic PTSD symptoms, according to the review of cases published in the journal *Military Medicine*. "Among patients with one-week follow-up (after injection), 78.6 percent of responders had an average reduction of their PTSD checklist score" of 22 points, the study noted. First developed to address shoulder, neck and face pain caused by the Herpes Zoster (shingles) virus and complex regional pain syndrome, SGB has been used to treat PTSD since 2008, initially tested by Dr. Eugene Lipid, a Chicago area pain management specialist. Lipid, who uses the nerve block to treat patients for facial and neck pain, knew SGB relieves menopause-related hot flashes and theorized that because it seems to "reboot" the body's temperature regulating mechanism, it might reset a PTSD patient's overreaction to stimulus — their "fight or flight" response — by interrupting connections between the sympathetic nervous system and central nervous system. "This was not something I just stumbled on. As a pain management specialist, I knew SGB relieved problems related to the sympathetic nerve system and thought it could work to relieve the hyper arousal characteristic of PTSD," Lipid said.

SGB has been studied by physicians at Naval Medical Center San Diego as a potential PTSD treatment and was found to improve symptoms in patients who had not benefited from the standard therapy of medication and psychological therapy. But the procedure is not widely accepted as a potential therapy for PTSD. One issue, Lipid said, is that PTSD remains a largely unexplained condition. It's characterized as a psychiatric disorder, but ongoing research points to a close relation to concussion or head injury or other physiological change in the brain that may contribute to PTSD development. Physicians are reluctant to embrace SGB because they don't understand why a physical treatment could relieve what is categorized as a mental health disorder. Also, Lipid and other advocates say, Physicians are reluctant to embrace SGB because they don't understand why a physical treatment could relieve what is categorized as a mental health disorder. Also, Lipid and other advocates say, since the mechanism for how it works is not well understood — and since no advanced clinical trials have been done to determine its effectiveness — many providers shy away from it since the mechanism for how it works is not well understood — and since no advanced clinical trials have been done to determine its effectiveness — many providers shy away from it. "We hear often that no one understands the mechanism for how it works, so they won't try it. But we don't really know the mechanisms for

most medical procedures,” “Pharmacotherapy and psychotherapy are only it. But we don't really know the mechanisms for most medical procedures,” San Diego-based consultant Dr. Maryam Navaie said. “Pharmacotherapy and psychotherapy are only moderately helpful, at best. We need more effective treatment options.”

GI Bill Update 186 ► For-Profit Schools Complaints

In mid-NOV the Center for Investigative Reporting revealed that while ‘thousands of veterans have filed formal complaints against colleges alleging a range of problems including deceptive marketing, fraud and poor education,’ the U.S. Department of Veterans Affairs (VA) has completed a review of only 324 of them, according to an internal agency document obtained by CIR. The VA launched an online complaint system in January amid growing concern about the exploitation of veterans by for-profit colleges. These schools have received billions of dollars through the Post 9/11 GI Bill. VA has logged nearly 2,400 complaints but has only resolved less than 15 percent of them. Overall, about 40 percent of the complaints the VA reviewed were leveled against for-profit colleges, while another 40 percent were lodged against public schools. The rest were against private nonprofit schools, flight schools and on-the-job training programs. VA has said in the past that detailed information about student veteran complaints would be contained in an in-depth report to be published this October. That has not happened. [Source: TREA News for the Enlisted Nov. 24, 2014 ++]

My Pay Account:

If a member has never created a myPay account, they can find complete instructions at <http://www.dfas.mil/retiredmilitary.html>

If a member has created a myPay account, but has problems remembering their login ID or password, they can access myPay’s website at <https://mypay.dfas.mil/mypay.aspx>

If you would like an overview of the process before you assist members, you can access a video tutorial on resetting myPay passwords at:

http://www.youtube.com/watch?v=1zxXeVoQJVw&list=PLhx_8nsfXqVgcoJ9CH0r2uo5u_KgCJHs3

If a member requires personal attention, they can contact Customer Care Center at 1 (888) 332-7411, option 5, Monday- Friday, 8 a.m. to 5 p.m. (Eastern StandardTime)

Why members should have a myPay account:

The key to effective day-to-day management of retirement pay is creating and maintaining a myPay account. myPay is the most important tool for managing pay accounts. In addition, the email address entered into myPay is our primary way of staying in touch with the member and keeping them current. For retirees and annuitants, there is nothing more important than creating, using, and maintaining the security of their myPay account. myPay recently added new features that makes it even more of a vital tool for military retirees and annuitants. There are:

- ☐ Verification of Pay
- ☐ Prior Year Tax Statements
- ☐ Pay Garnishment Documentation
- ☐ Verification of Pay

Getting the paperwork together for a loan application can get complicated, especially for mortgages and other high value loans that require verification of pay from our payroll office. This feature allows military retirees to easily download official pay verification statements without calling, mailing, or faxing requests to the Defense Finance and Accounting Service. Prior Year Tax Statements. With an online myPay account, members can now access up to five years' worth of 1099Rs to help keep their personal, financial and legal concerns in order. Pay Garnishments Defaults on commercial loans or court-ordered support for former spouses and children can result in pay garnishments for any of the 6.6 million payroll customers of the Defense Finance and Accounting Service. While the agency's Garnishment Operations division is tasked with ensuring each court order or instructions for DoD authorities are valid before starting involuntary pay deductions, individual customers may not have seen, or misplaced, the documents establishing their individual garnishments. Commercial debt and spousal or child support orders will be available for 30 days only for military members, military retirees and federal civilian employees following the date the order/letter is received by myPay. Military members will also have access to Military Commercial Debt Orders for 90 days only from the date it is received by myPay.

VA Burial Delays:

The VA is dedicated to ensuring our nation's Veterans and eligible family members receive a timely and dignified burial in honor of their service and sacrifice. Due to our dedicated workforce, VA's National Cemetery Administration (NCA) has been recognized repeatedly for outstanding customer service on behalf of Veterans and their families.

There is no wait time for burial in a VA national cemetery beyond a day or two depending on demand at each cemetery. Once VA establishes a Veteran or family member's eligibility for burial, the Veteran's next of kin or authorized representative can schedule an interment service with the cemetery. Establishment of eligibility and scheduling of burials takes approximately 10 minutes if the requestor can provide discharge documents, or if VA can find discharge documents in our electronic systems. If necessary to help establish eligibility, VA conducts research to retrieve the discharge documents that usually takes no more than 48 hours. There are instances when eligibility determinations for the Veteran's burial in a national cemetery are requested but the burial is not scheduled. In this instance, NCA follows up every 30 days in an effort to ensure scheduling of the interment. In no instance has a Veteran or eligible family member waited to be buried because of an unfortunate delay involving paperwork.

VA works regularly with funeral directors, coroners and morgues, including those in counties involved.

VA is committed to providing world class service for Veterans in their time of need in fulfillment of President Lincoln's promise "To care for him who shall have borne the battle and for his widow, and his orphan."

PTSD Update Vietnam Punitive Discharge Upgrades.

Vietnam-era soldiers who faced punitive discharges because they suffered from post-traumatic stress are to be given liberal consideration to requests for discharge upgrades. Secretary of the

Army John McHugh issued this directive to the Army Review Boards Agency, the service's highest level of administrative review for personnel actions. McHugh's 3 NOV directive was prompted by an earlier order from Defense Secretary Chuck Hagel which acknowledged that thousands of soldiers may have been kicked out of service because of behavior problems related to post-traumatic stress. Upgraded discharges for soldiers who received a less than honorable discharge could lead to the award of previously denied benefits, such as disability pay, separation pay and GI Bill eligibility.

The ARBA is comprised of several boards for considering the claims of soldiers and former soldiers who appeal the filing of unfavorable information in their personnel records. PTSD was not recognized as a potential behavior altering medical condition until 1980, which means that disability claims and discharge upgrades based on claims of the condition routinely were denied by government agencies, to include the Army review boards. Hagel's September instruction to the services followed by several months a federal court class action suit filed by a group of veterans and the Vietnam Veterans of America that claims the military systematically denied discharge upgrade applications based on claims of PTSD. The suit estimated that about one-third of the 250,000 other-than-honorable discharges issued to Vietnam era veterans may have been PTSD-related. Components of the ARBA include:

- Army Board for Correction of Military Records, a panel that can recommend, to the secretary of the Army, the removal of erroneous or unjust information in their military records after all lowers level administrative remedies have been exhausted. It also reviews the discharges of former soldiers that was granted more than 15 years ago, and those that were given as a sentence of a general court-martial. Soldiers, veterans and their legal representatives can submit an appeal online at:

<http://arba.army.pentagon.mil> or by mail, on a DD Form 149 (Application for Correction of Military Records).

- The Army Discharge Review Board reviews the discharges of former soldiers who left service within the past 15 years, except soldiers who were discharged as a result of a general court-martial. The board determines if a discharge was proper and equitable. Soldiers, veterans and their legal representatives can request a review online or by mail using DD Form 293 (Application for Review of a Discharge or Dismissal from the Armed Forces of the U.S.).

- Army Grade Determination Review Board, makes decisions on advancing retired enlisted soldiers and warrant officers to the highest grade held satisfactorily after a total of 30 years' time on active duty and on the retired list. Application must be made by letter to the board. Hagel, a former Army sergeant who holds a Purple Heart with oak leaf cluster for service during the Vietnam War, directed that the military review boards "fully and carefully consider every petition based on PTSD brought by each veteran" and that such reviews will include "all materials and evidence provided by the petitioner." Because Vietnam-era medical and personnel files will not refer to PTSD as a debilitating medical condition, McHugh has directed that the Office of the Army Surgeon General provide expert guidance to the review boards on the clinical manifestations of PTSD, and the behavior indicators that will help the boards assess the presence of PTSD and its mitigating effects. Hagel also directed that when service records or any document from a veteran's period of service "substantiate the existence of one or more

symptoms of what is now recognized as PTSD or a PTSD-related condition during the time of service, liberal consideration will be given to finding that PTSD existed at the time of service," and may have led to the misconduct that caused the other-than-honorable discharge.

The new guidance primarily focuses on administrative discharges for minor misconduct, not serious court-martial offenses that resulted in punitive bad conduct or dishonorable discharges. Mail applications for the various boards of the Army Review Board Agency should be sent to:

Army Review Board Agency
251 18th Street South, Suite 385
Arlington, VA 22202-3531

For online applications, access:

<http://arba.army.pentagon.mil>

[Source: Army Times | Jim Tice | Dec. 01, 2014 ++]

Another incident of not knowing:

Our office had a call, regarding new widow who did not have an ID Card – and couldn't get to the base due to inability with physical problems. Her dispersed family was not with her to get her to the base to apply for her ID card. They didn't know there are provisions to allow for just such a situation. What help they needed – and agencies her family contacted didn't help. Consequently, she had no ID card allowing her to gain access to the base for her requirements.

Please be aware that you should contact our office if there are services you require, such as what and how to get an ID card when unable to travel. Our office will give you the correct information for that procedure. Or, any other question you may have at (321) 494-5463.